CHD TOOLKIT

Preventing Vaccine Mandates

Children's Health Defense™

2021

Contents

Effective Advocacy to Prevent Vaccine Mandates

Effective advocacy at the state level is crucial if we are to prevent vaccine mandates in the coming weeks and months. Pharmaceutical lobbyists have been hard at work for years to set the stage for state legislatures to enact vaccine mandates, ensuring the most profitable immunization uptake rates are achieved. The COVID crisis provides the perfect backdrop of fear and panic that Pharma needs to swiftly push through these mandates. Your advocacy efforts will be key in preventing these dangerous and freedom-decimating legislative efforts. Whether you're a seasoned advocate or if you've never gotten involved in advocacy efforts before, don't worry. We've assembled the best tools out there to assist you in preparing to make sure your voice is heard.

First and foremost, don't be intimidated at the thought of approaching lawmakers. Every state legislator has been elected by the people and is there to do the work of the people—and that includes you! Always keep this in mind as you connect with like-minded individuals in preparing for in-person visits or email/phone call campaigns to urge that mandate legislation is stopped in its tracks.

Here are a few tips to make your efforts as impactful as possible:

- Find others in your area who also oppose vaccine mandates and team up to plan your approach. There are advocacy groups in every state which are relatively easy to find on social media.
- Be prepared to contact all of your representatives quickly as these bills are being fast-tracked.
- In-person visits to lawmakers are the most effective means of communicating and group visits typically have the most impact.
- Don't wait until legislation has become an emergency situation. Get to know your lawmakers now even if there are no mandate bills being considered. If there's not now, there will be in the future.
- Always be respectful and calm when communicating with your lawmakers.
- If you have a family story of vaccine injury, tell it as part of your objections to mandating something that can have devasting health effects. Photos of your vaccine-injured child or relative can be very effective as well.
- Bring an informational leave-behind so that your representatives have something tangible to consider. All of the materials included within these pages can be printed out to distribute to legislators.
- Follow up with a phone call or email to thank your representatives for their time and remind them of your stance on vaccine mandates.
- If you can't travel to your state capital for in-person visits, phone calls and emails can also be effective. Be brief and to the point and contact your representatives frequently. Some groups arrange specific days to call or email in response to announcements of committee meetings and votes on bills being considered.

Vaccine Mandates are Wrong for People and Wrong for America—Here's Why

- Compulsory vaccination violates fundamental human rights, notably the right to prior, free and informed consent for medical interventions. Common law, state and federal statutes, the Nuremberg Code (1947), and the 2005 UNESCO Declaration on Bioethics and Human Rights establish the necessity of informed consent.

- COVID-19 must not become a pretext for forced vaccination. This will set a dangerous precedent that will benefit only the pharmaceutical industry's bottom line while further eroding the ability of Americans to be in charge of their family's healthcare decisions.

- The legal edifice shoring up compulsory vaccination rests on a Supreme Court decision that is more than a century old. Subsequent lower court decisions about vaccine mandates differ radically from what the Supreme Court envisioned and have led to results that fail to safeguard health and individual rights.

- Twentieth-century progress in sanitation, hygiene, refrigeration, and the provision of clean water produced dramatic declines in infectious disease. The decline in infectious disease had little to do with vaccination.

- Vaccines cause injuries and death that are far from "rare" or "one in a million." A 2010 study commissioned by the Department of Health and Human Services (HHS) reports at least one vaccine injury for every 39 vaccines given.

- The Vaccine Adverse Event Reporting System (VAERS) does an extremely poor job of capturing adverse events, with fewer than 1% reported. The Centers for Disease Control and Prevention (CDC) refuses to take recommended steps to strengthen VAERS data.

- A flawed and corrupt regulatory process enables vaccine safety shortcuts and fraud. No clinical trial for vaccines given to babies and toddlers has used an inert placebo control group, and most trials have followed young recipients for only a few days or weeks.

- Under the 1986 National Childhood Vaccine Injury Act (NCVIA), vaccine manufacturers and healthcare providers cannot be held liable for vaccine injuries from federally recommended vaccines. The Act allows companies to escape scrutiny and the document discovery associated with litigation.

- Under the 2005 Public Readiness and Emergency Preparedness (PREP) Act, manufacturers, healthcare providers, and government officials will be immune from liability for potential COVID-19 vaccine injuries and deaths. Compensation through its Countermeasures Injury Compensation Program is likely to be minuscule.

- HHS has a statutory obligation to study vaccine injuries, improve vaccine safety, and report biannually to Congress—but it has never once done so in over 30 years.

- The National Vaccine Injury Compensation Program, also created in 1986, pits vaccine-injured claimants against HHS in an adversarial and usually unsuccessful process. In over three decades, the program has compensated only a third of the petitions filed. Even so, compensation awarded to date exceeds $4.5 billion.

- Vaccine-induced immunity — if it occurs at all — wanes over time, sometimes rapidly. Outbreaks of conditions such as measles, mumps, pertussis, and chickenpox in highly vaccinated populations are not uncommon. Herd immunity and disease eradication cannot be reliably achieved through vaccination.

- American children have never been sicker. The passage of the NCVIA enabled an explosion of liability-free vaccines and one of the most aggressive childhood vaccine schedules in the world. Over half (54%) of American children now develop at least one chronic health condition, and many have multiple health challenges.

- COVID-19 vaccines include gene-altering and inflammation-promoting technologies that may create genetic changes that may pass to future generations. Lawyers must not provide cover for liability-free medical interventions that carry profound unknown, de facto experimental risks.

Top 10 Things You Should Know About COVID-19 Vaccines

1 **VACCINE MAKERS ARE IMMUNE FROM LIABILITY**
Vaccine manufacturers have no incentive to ensure their vaccines are as safe as possible. Established in 1986 with the National Childhood Vaccine Injury Act and reinforced by the PREP Act, vaccine makers cannot be sued even if they are shown to be grossly negligent.

https://www.congress.gov/bill/99th-congress/house-bill/5546
https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx

2 **VACCINE COMPANIES HAVE LONG RAP SHEETS** Vaccine makers have paid out tens of billions of dollars for crimes, including fraud and violating the False Claims Act, when they knew products would cause injuries and death. (Think Vioxx, Opioids and more.) If they knowingly put harmful products on the market when they can be sued, why should we trust them to make safe vaccines when they have no liability and rushed clinical trials?

https://violationtracker.goodjobsfirst.org/industry/pharmaceuticals

3 **PREVIOUS ATTEMPTS TO MAKE SIMILAR VACCINES HAVE FAILED** In one study, vaccinated infants got much sicker than the unvaccinated infants when exposed to the respiratory syncytial virus (RSV) naturally, with 80% of the vaccinated infants requiring hospitalization. Two died. In subsequent studies, vaccinated animals became very sick when they later became infected with the actual virus. Many died. This phenomenon is called Antibody Dependent Enhancement (ADE).

https://www.nature.com/articles/s41579-020-00462-y#Sec11

4 **COVID VACCINES HAVE NO LONG-TERM SAFETY TESTING** There is no way to determine what these experimental vaccines will do to humans in the medium- to long-term. Not all vaccine injuries manifest immediately. Additionally, given that all current COVID vaccines have Emergency Use Authorization status only, people cannot be subject to mandates under federal and international law.

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization

5 **SERIOUS ADVERSE VACCINE REACTIONS ARE REAL AND ARE UNDERREPORTED** As of 4/1/21, 55,869 adverse events following COVID vaccines have been reported to VAERS, including 2,342 deaths. According to a government-funded study at Harvard, less than 1% of all adverse reactions to vaccines are actually submitted to the National Vaccine Adverse Events Reports System (VAERS).

https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19
https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes

6 **COVID VACCINES DO NOT STOP TRANSMISSION** The clinical trial study designs for COVID vaccines did not address transmission, but merely addressed reducing symptoms, as explained in the materials they submitted to the FDA to obtain Emergency Use Authorization.

https://www.fda.gov/media/144245/download
https://www.fda.gov/media/144434/download
https://www.fda.gov/media/146217/download

7 **YOUNG ADULTS HAVE UNDER .04% RISK OF DEATH FROM COVID-19** According to the CDC, COVID overall has a 99.74% survival rate. Among young people, that number is even higher. For people aged 18 to 29, the survival rate is 99.97%. Consider this low risk from COVID when deciding whether to take an experimental vaccine that causes significant side effects, including death.

https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku/data

8 **DR. FAUCI AND OTHERS OWN PATENTS ON THE MODERNA VACCINE** The Bayh-Dole Act allows government employees to file patents on their research, even though they have government salaries. Moderna's research and development partner is the National Institute of Allergy and Infectious Diseases (NIAID), directed by Dr. Anthony Fauci. Moderna benefited from $2.5 billion in federal government funding when developing its vaccine technology, and the company shares joint ownership of vaccine patents with NIAID scientists, prompting Public Citizen to rename Moderna's COVID vaccine "the NIH vaccine." This is a troubling conflict of interest.

https://www.documentcloud.org/documents/6935295-NIH-Moderna-Confidential-Agreements.html
https://www.statnews.com/pharmalot/2020/08/28/moderna-covid19-vaccine-coronavirus-patents-darpa/

Additionally, Fauci provided U.S. taxpayer funding for illegal gain-of-function research conducted in China. "Gain of Function" research makes viruses more virulent and transmissible, and promotes research on vaccines against them. When the U.S. President put a moratorium on this research in December 2014 in the U.S., Dr. Fauci's NIAID outsourced its coronavirus bat research to Wuhan, China spending $7.4 million in six years. Members of Congress have called for an investigation into the Wuhan Institute of Virology's role in SARS-CoV-2 epidemic.

https://www.dailysignal.com/2021/04/06/fauci-must-explain-why-oversight-bypassed-for-funding-to-wuhan-lab-congressman-says/

9 **mRNA VACCINES CONTAIN PROBLEMATIC INGREDIENTS** Both mRNA vaccines (Pfizer's and Moderna's) contain polyethylene glycol (PEG), and J&J's vaccine contains polysorbate 80—structurally similar ingredients associated with hypersensitivity reactions and anaphylaxis. Although the unlicensed mRNA vaccines are the first in widespread use to feature PEG, there are a number of approved vaccines that include polysorbate 80—all of which document anaphylaxis in their package inserts.

https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/
https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/
https://www.nejm.org/doi/full/10.1056/NEJMra2035343
https://childrenshealthdefense.org/defender/inactive-ingredients-covid-vaccines-allergic-reactions/

10 **THE J & J VACCINE CONTAINS ABORTED HUMAN FETAL CELL LINES** The viral vector that forms the backbone of the J&J vaccine is grown in a continuous ("immortalized") human embryonic cell line (PER.C6) derived from the abortion of a healthy 18-week-old fetus, leading some Catholic leaders to describe the vaccine as "morally compromised." FDA officials have acknowledged for over two decades that such cell lines are a "major safety concern."

https://childrenshealthdefense.org/defender/media-ignores-jj-pharma-giants-checkered-past/
https://religionnews.com/2021/03/01/new-orleans-archdiocese-urges-catholics-to-avoid-new-johnson-johnson-vaccine/?fbclid=IwAR0O-bTGv7WKyiNK5_thILH__z9PK53A-eHb3oIh3u81qeJGkCuY8_25jYw
https://childrenshealthdefense.org/wp-content/uploads/FDA-Pink-Sheets-99.pdf
https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-used-make-vaccines-and-evaluating-potential-threat-posed-transmission

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childrenshealthdefense.org

For more information on COVID-19, go to CHD's website, www.childrenshealthdefense.org where we have reliable, up-to-date, science-based information on COVID-19 and other issues affecting health.

Notice For Employers, Universities And Other Institutions Mandating COVID-19 Vaccines

Children's Health Defense is hearing from an increasing number of people advising us of businesses and schools threatening employees and students with loss of employment and the ability to attend school unless they are "fully vaccinated" with the COVID vaccine. When products including COVID vaccines have Emergency Use Authorization (EUA) status only, they cannot legally be mandated. If you know of a company, school, or university trying to mandate EUA COVID vaccines for employees or students, you can send them the notice below from the CHD legal team.

Children's Health Defense

NOTICE FOR EMPLOYERS, UNIVERSITIES AND OTHER INSTITUTIONS MANDATING COVID-19 VACCINES

April 26, 2021

This serves as notice that the requirement for any individual to be vaccinated against COVID-19 for employment or participation at a university or other institution violates federal law. All COVID-19 vaccines are merely authorized, not approved or licensed, by the federal government; they are Emergency Use Authorization (EUA) only. They merely "may be effective." Federal law states:

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act states:

> **individuals to whom the product is administered are informed—**
>
> **(I)** that the Secretary has authorized the emergency use of the product;
> **(II)** of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
> **(III) of the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

EUA products are by definition experimental and thus require the right to refuse. Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individual is "absolutely essential." A federal court held that the U.S. military could not mandate EUA vaccines to soldiers. *Doe #1 v. Rumsfeld*, 297 F.Supp.2d 119 (2003). The court held: "...the United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs." *Id.* at 135. No court has ever upheld a mandate for an EUA vaccine.

The liability for forced participation in a medical experiment, including injury or death, may be incalculable. Medical and religious exemptions will be insufficient to overcome the illegality of EUA vaccine mandates. Children's Health Defense urges U.S. employers, universities and other institutions to respect and uphold the rights of individuals to refuse EUA COVID-19 vaccines.

1227 North Peachtree Parkway, Suite 202. Peachtree City, GA 30269
www.childrenshealthdefense.org

General letter on Federal Vaccine Mandates

Dear Legislator,

I strongly oppose federal interference in medical decisions, including mandated vaccines. After being fully informed of the risks and benefits of a medical procedure, patients have the right to reject or accept that procedure. The regulation of medical practice is a state function, not a federal one. Governmental preemption of patients' or parents' decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child-rearing.

A public health threat is the rationale for the policy on mandatory vaccines. But how much of a threat is required to justify forcing people to accept government-imposed risks? Regulators may intervene to protect the public against a one-in-one million risk of a threat such as cancer from an involuntary exposure to a toxin, or-one-in 100,000 risk from a voluntary (e.g. occupational) exposure. What is the risk of death, cancer, or crippling complication from a vaccine? There are no rigorous safety studies of sufficient power to rule out a much higher risk of complications, even one in 10,000, for vaccines. Such studies would require an adequate number of subjects, a long duration (years, not days), an unvaccinated control group ("placebo" must be truly inactive such as saline, not the adjuvant or everything-but-the-intended-antigen), and consideration of all adverse health events (including neurodevelopment disorders).

Vaccines are necessarily risky, as recognized by the U.S. Supreme Court and by Congress. The Vaccine Injury Compensation Program has paid some $4 billion in damages, and high hurdles must be surmounted to collect compensation. The damage may be so devastating that most people would prefer restored function to a multimillion-dollar damage award.

The smallpox vaccine is so dangerous that you can't get it now, despite the weaponization of smallpox. Rabies vaccine is given only after a suspected exposure or to high-risk persons such as veterinarians. The whole-cell pertussis vaccine was withdrawn from the U.S. market, a decade later than from the Japanese market, because of reports of severe permanent brain damage. The acellular vaccine that replaced it is evidently safer, though somewhat less effective.

The risk: benefit ratio varies with the frequency and severity of disease, vaccine safety, and individual patient factors. These must be evaluated by patient and physician, not imposed by a government agency.

Measles used to be the much-publicized threat used to push for mandates, but now the subject is COVID-19 and by far the majority, of people who contract COVID-19 make a full recovery,

Mandate advocates often assert a need for a 95% immunization rate to achieve herd immunity. However, Mary Holland and Chase Zachary of NYU School of Law argue, in the *Oregon Law Review*, that because complete herd immunity (and measles eradication)

is unachievable, the better goal is for herd *effect* and disease *control*. The best outcome would result, they argue, from informed consent, more open communication, and market-based approaches.

Even disregarding adverse vaccine effects, the results of near-universal vaccination have not been completely positive.

COVID-19 is a problem, and more complete, forced vaccination will likely not solve it. Better public health measures—earlier detection, and isolation; a more effective, safer vaccine; or an effective treatment are all needed. Meanwhile, those who choose not to vaccinate now might do so later, or they can be isolated.

Issues that legislators must consider:

- Manufacturers are virtually immune from product liability, so the incentive to develop safer products is much diminished. Manufacturers may even refuse to make available a product believed to be safer, such as monovalent measles vaccine in preference to MMR (measles-mumps-rubella). Consumer refusal is the only incentive to do better.

- There are enormous conflicts of interest involving lucrative relationships with vaccine purveyors.

- Research into possible vaccine adverse effects is being quashed, as is dissent by professionals.

- There are many theoretical mechanisms for adverse effects from vaccines, especially in children with developing brains and immune systems. Note the devastating effects of Zika or rubella virus on developing humans, even though adults may have mild or asymptomatic infections. Many vaccines contain live viruses intended to cause a mild infection. Children's brains are developing rapidly—any interference with the complex developmental symphony could be ruinous.

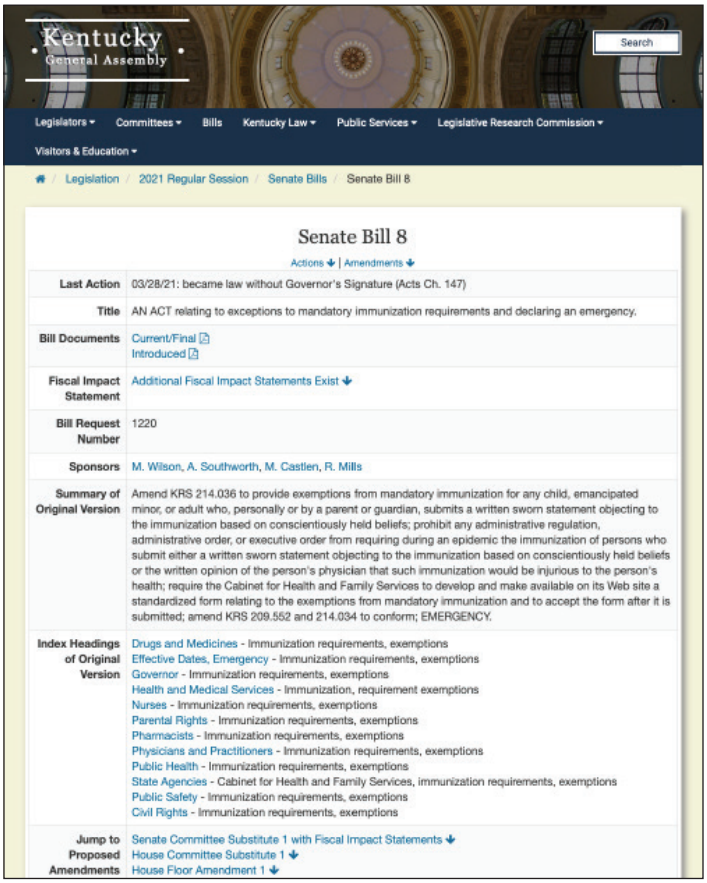
- Vaccines are neither 100% safe nor 100% effective. Nor are they the only available means to control the spread of disease.

I believe that liberty rights are unalienable. Patients and parents have the right to refuse vaccination, although potentially contagious persons can be restricted in their movements (e.g. as with Ebola), as needed to protect others against a clear and present danger. Unvaccinated persons with no exposure to a disease and no evidence of a disease are not a clear or present danger.

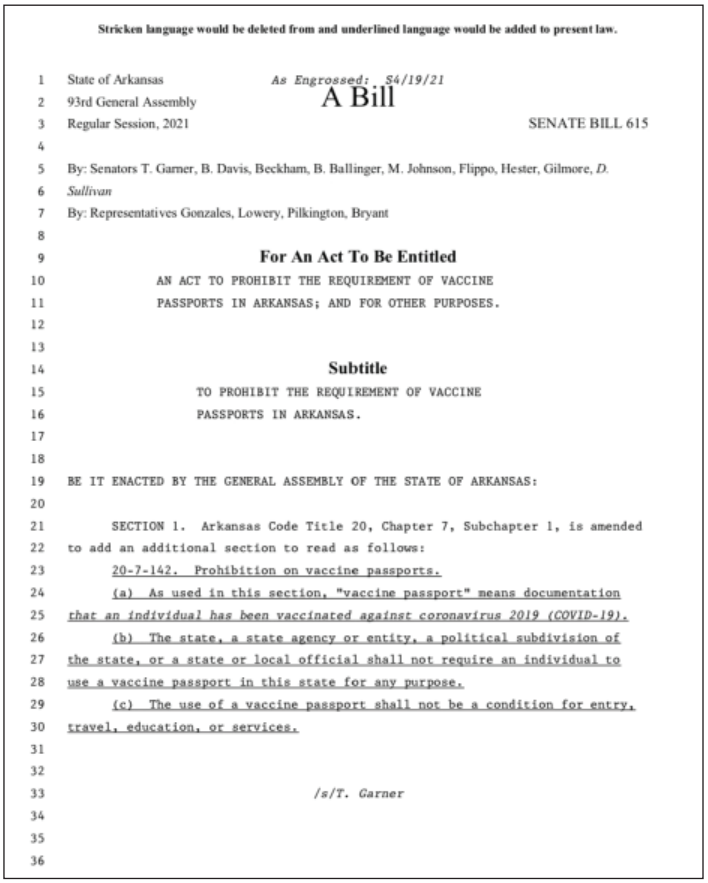
Respectfully yours,

Sample State Legislation to Prevent Vaccine Mandates

Never in history has the Pharma/Government push to mandate vaccines for every man, woman, and child in this country had so much momentum behind it. The COVID crisis has given those who stand to profit from vaccine sales a convenient excuse to demand compliance even of those who have researched vaccine safety extensively and determined they do not want a COVID-19 vaccine. It has become the responsibility of every citizen to fight back against medical mandates of any kind, including those involving vaccines. Many states currently have legislation on the table to ensure that attempts to mandate vaccines are stopped in their tracks. The bills below from Kentucky and Arkansas are two such pieces of legislation. If your state does not have something similar in progress, we encourage you to reach out to your state lawmakers and request their assistance in writing legislation that will protect you and your family from "vaccine passports" and similar methods of tracking your vaccine status and placing restrictions upon you if you choose not to take one of the experimental COVID vaccines.



https://apps.legislature.ky.gov/record/21rs/sb8.html



Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas — *As Engrossed: S4/19/21*
93rd General Assembly — **A Bill**
Regular Session, 2021 — SENATE BILL 615

By: Senators T. Garner, B. Davis, Beckham, B. Ballinger, M. Johnson, Flippo, Hester, Gilmore, *D. Sullivan*
By: Representatives Gonzales, Lowery, Pilkington, Bryant

For An Act To Be Entitled

AN ACT TO PROHIBIT THE REQUIREMENT OF VACCINE PASSPORTS IN ARKANSAS; AND FOR OTHER PURPOSES.

Subtitle

TO PROHIBIT THE REQUIREMENT OF VACCINE PASSPORTS IN ARKANSAS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 7, Subchapter 1, is amended to add an additional section to read as follows:

20-7-142. Prohibition on vaccine passports.

(a) As used in this section, "vaccine passport" means documentation that an individual has been vaccinated against coronavirus 2019 (COVID-19).

(b) The state, a state agency or entity, a political subdivision of the state, or a state or local official shall not require an individual to use a vaccine passport in this state for any purpose.

(c) The use of a vaccine passport shall not be a condition for entry, travel, education, or services.

/s/T. Garner

SB615 as engrossed on 04-19-2021 13:46:11 (dailyclout.io)

Informed Consent in the Era of COVID

Dear Colleague,

The COVID-19 pandemic has proven an opportunity of convenience for totalitarian elements who have put individual rights and freedoms globally under siege. A medical cartel composed of pharmaceutical industry, government regulators, financial houses, and telecom and internet billionaires are systematically obliterating freedom of speech and assembly, religious worship, property rights, jury trial, due process, and – ultimately – America's exemplary democracy.

As a lawyer who has practiced in our country's courts for over forty years, I am alarmed by the growing power of global corporations to overwhelm our justice system, obliterate our constitutional liberty, and destroy public health. Throughout my career as a litigator, law professor, public advocate and author, I have worked to hold corporate giants and government institutions accountable. My life's work has provided me with a unique perspective on our individual rights to clean air, clean water, unobstructed access to the commons, and our rights to make our own decisions about our bodies.

As Chairman and Chief Legal Counsel for Children's Health Defense[1] (CHD), I have now dedicated myself to protecting children's health by ending harmful environmental exposures to children, ending the exploding chronic disease epidemic that has debilitated over half of American kids born after 1989, and to holding those responsible accountable.

A 2006 HHS study found that 54% of America's children today have chronic health conditions[2] – allergies, ADHD, autism, eczema, asthma, obesity, autoimmune conditions and more. When I was growing up, most of these conditions were rare or unknown. When I was a boy, I received three vaccines. Today, children receive 72 mandated doses of 16 vaccines, prior to age 18. A mountain of peer-reviewed studies[3] points to vaccines as the primary culprit in this public health calamity. That isn't stopping our health authorities from mandating[4] more hugely subsidized, shoddily tested, zero-liability vaccines for children. Our vaccine safety program falls dangerously short[5] of what our children deserve.

The COVID-19 pandemic has allowed captive corporate regulators to hold the population hostage to justify the transfer of $45 billion of taxpayer money to Pharmaceutical companies to finance a gold rush of new vaccines.

Protecting Individual Rights in the Era of COVID-19 is Essential

I urge you to read the attached short legal dossier, *Protecting Individual Rights in the Era of COVID-19* [6] with an open mind and to draw your own conclusion about the legal and ethical implications of one-size-fits-all vaccine mandates for zero-liability, heavily subsidized mandatory vaccines.

Current vaccine mandates now require most school children to receive between 50-75 shots just to attend school. A vaccine-injured child, or adult, cannot sue the healthcare provider or the vaccine producer – but rather must go to a rigged national injury compensation program to sue

the very government that ordered vaccine compliance in the first place. After studying this subject for years, I am more horrified than ever by the system's pervasive corruption.

Given existing federal legislation and judicial precedents, it is all but impossible to hold vaccine manufacturers or healthcare providers accountable for vaccine injury in the courts. Vaccine injuries are not rare – HHS's own studies show that the agency claims that injuries only occur with "1 in a million" vaccines is a mendacious canard. The true injury rate is actually 1 in every 39 vaccines[7], according to the Federal Agency for Health Research Quality[8].

The Problems with Vaccine Safety Aren't Isolated Just to Children

Federal and State officials are considering mandates for the new COVID-19 vaccine. The New York State Bar Association, an organization for which I have great respect, has given its imprimatur[9] to a COVID-19 vaccine mandate for all New Yorkers if "experts" deem that necessary. But those experts are mainly regulators from captured public health agencies with pervasive and corrupt financial entanglements with Pharmaceutical manufacturers. The Pharma-controlled Media's advice that we "trust the experts" is anti-democratic and anti-science. You and I know that "experts" can differ on scientific questions and that their opinions can vary in accordance with and demands of politics, power, and financial self-interest. In every lawsuit, leading, highly credentialed experts from opposite sides routinely offer diametrically antithetical positions based on the same set of facts. The trouble is that today, in the political arena, dissenting voices that question government policies and corporate proclamations are silenced by censorship and vilification.

In this dossier, our CHD Team explores the legal rights to informed consent, bodily integrity, the right to refuse unwanted medical interventions, religious expression and autonomy. All of these rights will be dramatically constricted if employers, states and/or the federal government impose vaccine mandates.

I hope that *Protecting Individual Rights in the Era of COVID-19*[10] can help you navigate the uncertain COVID-19/vaccine mandates landscape.

Sincerely yours,

Robert F. Kennedy, Jr.
Chairman, Children's Health Defense

References

1 Our Team, Robert F. Kennedy, Jr.; *Children's Health Defense.* https://childrenshealthdefense.org/about-us/our-team/

2 Bethell CD, Kogan MD, Strickland BB, Schor EL, Robertson J, Newacheck PW. A national and state profile of leading health problems and health care quality for US children: key insurance disparities and across-state variations. *Academic Pediatrics*. 2011 May-Jun;11(3 Suppl):S22-33. doi: 10.1016/j.acap.2010.08.011. https://pubmed.ncbi.nlm.nih.gov/21570014/#:~:text=Results%3A%20An%20estimated%2043%25%20of,care%20need%2C%20a%201.6%20point

3 Children's Health Defense. Vaxxed-Unvaxxed: The Science; *Children's Health Defense*. https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Parts-I-XII.pdf

4 Children's Health Defense. NY Lawsuit #4 Update on Lawful Medical Exemptions Denied to School Children. *The Defender: Children's Health Defense News & Views*, September 21, 2020. https://childrenshealthdefense.org/seeking-justice/legal/legal-updates-for-new-york/#NY4

5 Children's Health Defense. Congress Receives Vaccine Safety Project Details Including Actions Needed for Sound Science and Transparency. *The Defender: Children's Health Defense News & Views*, March 13, 2018. https://childrenshealthdefense.org/news/congress-gets-vaccine-safety-project-details-including-actions-needed-for-sound-science-and-transparency/

6 Children's Health Defense. *Protecting Individual Rights in the Era of COVID-19*. December 2020. https://childrenshealthdefense.org/wp-content/uploads/protecting-individual-rights-in-the-era-of-covid-19-ebook.pdf

7 Kennedy Jr., RF. Vaccine Injuries Ratio: One for Every 39 Vaccines Administered. *The Defender: Children's Health Defense News & Views*, October 10, 2019. https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/

8 Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts). *Agency for Healthcare Research and Quality*, https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

9 Children's Health Defense. New York Bar Urges State to Consider COVID Vaccine Mandate. *The Defender: Children's Health Defense News & Views*, November 11, 2020. https://childrenshealthdefense.org/defender/new-york-state-bar-association-covid-vaccine/

10 Children's Health Defense. *Protecting Individual Rights in the Era of COVID-19. December 2020*. https://childrenshealthdefense.org/wp-content/uploads/protecting-individual-rights-in-the-era-of-covid-19-ebook.pdf

Vaccine Mandates for Everyone, Everywhere—
A Globally Coordinated Agenda

By the Children's Health Defense Team

In the United States, those who are vaccine risk-aware have much to be concerned about right now. More and more states—and many legislators from both political parties—are displaying a willingness to impose heavy-handed vaccine mandates that trample on religious,[1] parental[2] and human rights[3]—including the precious right to "security of person" guaranteed by Article 3 of the Universal Declaration of Human Rights.[4]

What some Americans may not realize is that the current push for mandates is playing out not just in the U.S. but in other countries as well, reflecting a broader—and indeed, global—agenda. Countries such as Australia, Italy[5] and France have taken the lead in transitioning away from government interventions that "merely nudge or persuade individuals to vaccinate" and toward a more punitive exercise of "coercive power"[6]—even though research suggests that "tougher stances on the part of doctors and public health experts tend to polarize[7] attitudes in the public." Australia's[8] 2016 "no jab, no pay" law, for example, withholds thousands of dollars in childcare subsidies from parents branded as "vaccine refusers," and some Australian states restrict unvaccinated children's access to child care altogether.

One of the primary cover stories that governments are using to justify the fierce uptick in vaccine coercion is the argument that infectious diseases pose a threat to national security. Measles represents the overblown[9] threat *du jour*, while around the world, officials and media keep the public in the dark about the measles vaccine's risks.[10] In 2014, the Global Health Security Agenda[11] (GHSA) formed to "elevate global health security as a national and global priority." One of the eleven "Action Packages" to which GHSA stakeholders agreed was an "Immunization Action Package" that just so happens to use measles vaccine coverage as its proxy indicator[12] for success. Considering that the Action Package's aim is to marshall regional and global collaboration to "accelerate" vaccine coverage, how should we construe the measles hysteria that international organizations,[13] governments and the media have been fomenting ever since the GHSA's creation?

... taking the concept of an "interconnected global network" to an entirely new level all sorts of public and private 'advisory partners' are also in on the push for unitary action, including various United Nations (UN) agencies, the World Health Organization (WHO), the World Bank, the African Union (AU), the European Union (EU) and even, somewhat ominously, Interpol.

An interconnected global network

Although generally not in the media spotlight, the GHSA attracted high-level attention and commitments from the powerful from the get-go. Within four months of its February 2014 launch, the GHSA received a key endorsement[14] from the G7, and in September, President Obama hosted the new entity's first major meeting at the White House.[15] Distracting the public from the earth-shattering revelations of CDC vaccine fraud[16] issued a few weeks earlier by whistleblower William Thompson (on August 27, 2014), GHSA meeting participants instead solemnly declared: "A biological threat anywhere is a biological threat everywhere, and it is the world's responsibility to respond as one."

In late 2016, the outgoing President Obama signed an Executive Order that "cemented" the GHSA "as a national, presidential-level priority"[17] and positioned the U.S. "as a committed, long-term catalyst" for executing the partnership's goals. At present, the GHSA has 67 member countries,[18] but—taking the concept of an "interconnected global network" to an entirely new level—all sorts of public and private "advisory partners" are also in on the push for unitary action, including various United Nations (UN) agencies, the World Health Organization (WHO), the World Bank, the African Union (AU), the European Union (EU) and even, somewhat ominously, Interpol.

The GHSA promotes external country-level evaluations[19] to assess, among other measures, steps taken to prevent infectious disease threats—with "prevention" defined as "high immunisation coverage"[20]—and improve surveillance (via detection, assessment and reporting of "public health events"[21]). The U.S. was one of the first countries[22] to step up for an assessment, conducted in close collaboration[23] by external evaluators and the CDC. (The CDC head at the time was Thomas Frieden, praised[24] by Obama as "an expert in preparedness and response to health emergencies" but arrested[25] in 2018 on charges of sexual abuse.) The evaluators gave the U.S. top scores[26] for measles vaccine coverage and "national vaccine access and delivery" while awarding lower scores for "dynamic listening and rumour management" and "communication engagement with affected communities."

Other international initiatives buttress the GHSA, including the WHO-coordinated International Health Regulations (IHR) established in 2005[27] (a 196-nation accord to "work together for global security") and Target 3.8[28] of the UN's Sustainable Development Goals (SDGs), which promotes access to "essential medicines and vaccines for all" as part of a push for "universal health coverage" (UHC). Reflecting the globally focused zeitgeist, proponents of these intertwined initiatives[29] are fond of celebrating "more joined-up thinking," "merging of approaches," "mutually reinforcing agendas" and "synergy between health system strengthening and health security efforts."

With the "fortuitous" measles headwinds at their back, there is little doubt that decision-makers view mandated vaccination for school attendance as a winning strategy and that use of this strategy is growing.

No accident

At the end of 2014, the EU made a point of declaring vaccination an important public health tool, which the European public health community interpreted as "a crucial step to strengthen EU action[30] supporting Member States…to implement effective immunization policies and programs." With this groundwork laid, Italy—a G7 member—volunteered to spearhead[31] the GHSA's Immunization Action Package and also became one of the first countries to ramp up its own vaccine mandates. With massive investments by GlaxoSmithKline in Italy,[32] where better to start than on the home front? Although a change

in government initially delayed implementation of the 2017 compulsory vaccination decree, in early 2019,[33] citing a "surge in measles cases," the government told Italian parents not to bother sending their youngest (under age 6) children to school if unvaccinated, and promised to impose fines of five hundred euros for older unvaccinated children attending school. Likewise, in France, "non-vaccinated children cannot be admitted[34] to any kind of collective institutions such as nurseries, kindergarten, schools or any social activity if they have not complied with the vaccine mandates."

With the "fortuitous" measles headwinds at their back, there is little doubt that decision-makers view mandated vaccination for school attendance as a winning strategy[35] and that use of this strategy is growing.[36] The WHO has done its part to help the global effort by placing measles front and center in declaring "vaccine hesitancy"—the "reluctance or refusal to vaccinate"—one of the world's top ten health threats for 2019.[37] Clearly, it is "game on" for those seeking to override national idiosyncracies with a one-size-fits-all global vaccination agenda.

Legislators who are contemplating new mandates but are still willing to exercise a modicum of independent judgment should recognize that we are in a situation with "echoes of WMD"—"there is no international emergency" and "policy is being hi-jacked."[38] Here are a handful of critical questions that legislators also should consider:

- First, measles symptoms can arise from either wild-type measles or **vaccine strains**[39]**—and the laboratory testing**[40] that is necessary to tell the difference between the two is rarely done. How can experts make consequential policies without more complete information about the proportion of measles cases caused by the vaccine?

- A related point is that sizeable proportions of individuals affected by "outbreaks," whether of measles or pertussis, are fully vaccinated. One study (albeit critical of those who do not vaccinate) showed that 55% to 76%[41] of the individuals involved in five large pertussis incidents were fully vaccinated, as were 41% of measles cases reviewed. Study after study documents waning immunity "despite high vaccine coverage."[42] How can pronouncements about vaccine effectiveness ignore these critical facts?

- Third, vaccine mandates have spillover effects on the social fabric. What are the ramifications of turning school and day care center administrators into "enforcement agents"[43] who must "pass information about non-compliance to authorities"? What does it mean for a child's right to an education when mandates exclude unvaccinated children from school "for the duration of their education"?

- Finally, what about the health care providers who find themselves caught between the proverbial "rock and a hard place"? A study of Michigan nurses[44] who provide vaccine education to parents requesting nonmedical exemptions found that many nurses had far more "complex and nuanced…evaluations of parents' judgments and feelings about vaccines" than vaccine mandates would allow, in addition to "consistent commitments to respect parents, affirm their values, and protect their rights." Vaccine mandates shut down the potential for respectful health care interactions.

Pro-vaccine critics[45] of France's decision to impose harsher vaccine mandates noted at the time that mandates actually fuel further "vaccine hesitancy." Moreover, by offering significant benefits to "compliers"[46] that are denied to "non-compliers," policy-makers contribute to a divide-and-conquer environment that pits one group against another. As international researchers recently wrote,[47] "[P]olitical and ethical considerations matter.… Vaccine mandates are not only a population health instrument, but a political one." The GHSA's disrespect for individual and national sovereignty promises to worsen these problems while doing little to improve children's health.

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Herd Immunity: A False Rationale for Vaccine Mandates

By the Children's Health Defense Team

Herd immunity is a largely theoretical concept, yet for decades, it has furnished one of the key underpinnings for vaccine mandates in the United States. The public health establishment borrowed the herd immunity concept from pre-vaccine observations of natural disease outbreaks. Then, without any apparent supporting science, officials applied the concept to vaccination, using it not only to justify mass vaccination[1] but to guilt-trip anyone objecting to the nation's increasingly onerous vaccine mandates.

... 60 years of compulsory vaccine policies have not attained herd immunity for any childhood disease.

Apparently, herd immunity bullying sometimes works: A review of 29 studies showed that "willingness to immunize children for the benefit of the community" was a "motivating reason"[2] for about a third of parents. There is one problem with using herd immunity as a motivator, however—the theory of herd immunity relies on numerous flawed assumptions that, in the real world, do not and cannot justify compulsory vaccination policies. In a 2014 analysis[3] in the *Oregon Law Review* by New York University (NYU) legal scholars Mary Holland and Chase E. Zachary (who also has a Princeton-conferred doctorate in chemistry), the authors show that 60 years of compulsory vaccine policies "have not attained herd immunity for any childhood disease." It is time, they suggest, to cast aside coercion in favor of voluntary choice.

False logic and troubling consequences

One of the principal arguments made by Holland and Zachary is that herd immunity is not achievable with modern vaccines. In part, this is because the underlying assumptions upon which herd immunity is premised are largely "irrelevant in the real world." These assumptions include the erroneous notions that all members of the population are equally susceptible to infectious disease and that all persons behave identically in spreading disease. In reality, many different factors shape patterns of risk and susceptibility to disease, including age

and sex, race/ethnicity[4] and life circumstances, including stress.[5] Although the NYU scholars do not mention it, a healthy lifestyle and naturally resilient immune system also matter, giving individuals the "upper hand"[6] in encounters with pathogens. In contrast, the artificial immunity engineered by vaccines— administered to children before their immune systems have even had a chance to develop—not infrequently leads to subsequent immune dysfunction[7] and chronic illness.[8]

Whereas hepatitis B is a disease for which only a tiny portion of the U.S. population (mostly adults) is at risk, mandatory hepatitis B vaccination targets low-risk infants and schoolchildren, 'selected for convenience'.

The flawed logic that ignores individual and population differences and pretends that there is no distinction between natural and vaccine-induced immunity has given rise to many troubling vaccine policies, according to Holland and Zachary. This is particularly the case for children, who are "overwhelmingly" the targets of mandatory vaccine policies. Hepatitis B vaccination offers one example of a disconnect between risk and policy. Whereas hepatitis B is a disease for which only a tiny portion of the U.S. population (mostly adults) is at risk, mandatory hepatitis B vaccination targets low-risk infants and schoolchildren, "selected for convenience."

The authors also call attention to the problematic assumption of "perfect vaccine efficacy" that undergirds herd immunity, again noting that this assumption has "limited bearing in real-world conditions." This is because vaccines often fail to perform in the manner predicted. For example, the phenomenon of "primary vaccine failure" occurs in at least 2% to 10% of healthy vaccinated individuals; these individuals are "non-responsive"[9] to a given vaccine, meaning that they fail to mount "sufficient protective antibody responses" after either the initial vaccine or a booster shot.

The legal scholars' review discusses a number of other problems that make the theoretical concepts of vaccine efficacy and herd immunity highly imperfect in practice and, in fact, unachievable. These include:

- **Secondary vaccine failure,** defined as waning vaccine-induced immunity[10] that no longer offers protection
- **Mutation[11] of the virus against which one is vaccinating,** with the mutation plausibly triggered by the vaccine itself (vaccine researchers also allude to the problem of "genotype mismatch"[12] between the vaccine strain and the wild-type virus)
- **Viral shedding[13] that allows asymptomatic vaccinated individuals to transmit the vaccine strain of the illness**
- **Importation[14] of illness due to travel**
- **Recurrent outbreaks[15] of illness in vaccinated populations that,** say Holland and Zachary, "scientists simply cannot explain"

The various forms of vaccine failure not only make herd immunity impossible to achieve but also feed the occurrence of 'vaccine-preventable illnesses' in highly or even fully vaccinated populations.

Outbreaks in highly vaccinated populations

The NYU authors note that the herd immunity model "entirely discounts the possible benefits of contracting and overcoming disease naturally, thereby achieving long-lasting immunity." In the pre-vaccine era, children routinely got the measles—which even the most enthusiastic vaccine proponents recognized as a "self-limiting infection of short duration, moderate severity, and low fatality." These individuals, once recovered, confidently carried their natural immunity into adulthood without ever worrying about the measles again.

Vaccination, however, has "changed the landscape[16] for disease transmission," making "preventable illness rarer…[but] also increas[ing] the expected severity of each case." As childhood vaccination has pushed the average age of infection into the older age groups, adolescents and adults have been exposed to new and historically unprecedented risks. One study suggests that lapsed vaccine immunity has led to negative

outcomes[17] that are 4.5 times worse for measles, 2.2 times worse for chickenpox and 5.8 times worse for rubella, compared to the pre-vaccine era.

...current vaccine programs are failing citizens on multiple other fronts, including giving little deference to individual choice and bodily integrity and depriving parents of the 'discretion to act in their own children's best interests'.

The various forms of vaccine failure not only make herd immunity impossible to achieve but also feed the occurrence of "vaccine-preventable illnesses" in highly or even fully vaccinated populations. There are numerous examples of this in the published literature. One example cited by Holland and Zachary was a 1985 measles outbreak[18] in a Texas high school where 99% of the students had been vaccinated and 96% had detectable measles antibodies—the authors of the outbreak report acknowledged that "such an outbreak should have been virtually impossible." More recent studies around the world describe mumps[19] and pertussis[20] outbreaks in highly or fully vaccinated middle and high school populations, including in Belgium[21] (2004), Korea[22] (2006), the U.S.[23] (2007) and Ontario[24] (2015). The Ontario researchers perplexedly stated, "In light of the high efficacy of the MMR [measles-mumps-rubella] vaccine against mumps, the reason for these outbreaks is unclear."

Real solutions

Astonishingly (or perhaps not), the solution proposed by most of the researchers who recognize various forms of vaccine failure is...more vaccination. However, recommendations for more doses and more boosters ignore the "illusory" nature of herd immunity. As Holland and Zachary painstakingly show, illogical mandates and "imperfect vaccine technology" mean that "herd immunity does not exist and is not attainable." Even one hundred percent vaccination "cannot reliably induce herd immunity." Thus, herd immunity is a "weak rationale" to compel all vaccines for all children.

The authors also point out that current vaccine programs are failing citizens on multiple other fronts, including giving little deference to individual choice and bodily integrity and depriving parents of the "discretion to act in their own children's best interests." Holland and Zachary argue that the public health would be better served by policies that "take into account all the economic costs and health risks of vaccination," respect individual autonomy and provide vaccine consumers with complete information—recognizing that "prior, free, and informed consent is the hallmark of modern ethical medicine."

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Vaccine Mandates Results Don't Safeguard Children's Rights or Health: How Did We Get Here?

By the Children's Health Defense Team

For decades, the U.S. government has made compulsory childhood vaccination one of the cornerstones[1] of its public health policy. Outside the U.S., countries' vaccination policies range from completely voluntary to "aggressive,[2]" with some nations promoting vaccination but leaving the decision up to the individual, and others pushing a little harder by financially incentivizing vaccination. Some of the countries with mandatory vaccination have "modest" policies that focus on a single vaccine such as polio, and some—with broader mandates on the books—choose not to enforce them.

Regardless of the policy, no other country requires[3] as many childhood vaccines as the U.S., but the legal edifice shoring up the compulsory childhood vaccine program is surprisingly flimsy. As New York University legal scholar Mary Holland explains[4] in a 2010 working paper, this edifice relies primarily on two century-old Supreme Court decisions—from 1905[5] and 1922[6]—and on the game-changing National Childhood Vaccine Injury Act (NCVIA) of 1986,[7] which fundamentally altered the legal landscape for vaccination by exempting vaccine manufacturers and medical practitioners from liability for childhood vaccine injuries.

...current childhood mandates are not only radically different from what the earlier courts and legislators envisioned but are unreasonable and oppressive and have led to...perverse results that do not safeguard children's rights and health.

The 1986 Act, in particular, resulted in an absence of legal protections for vaccinated children that is "striking compared to almost all other medical interventions." Examining the legal trajectory of vaccine mandates since 1905, Holland argues that current childhood mandates are not only radically different from what the earlier

courts and legislators envisioned but are "unreasonable and oppressive and have led to…perverse results" that do not safeguard children's rights and health.

From mandates for emergencies to mandates for "prevention"

The Supreme Court's 1905 *Jacobson v. Massachusetts* decision, as summarized by Holland, justified the imposition of one vaccine—smallpox—on adults "on an emergency basis" and under circumstances of "imminent danger." At the same time, the *Jacobson* decision established medical exemptions, reasoning that it "would be cruel and inhuman in the last degree" to vaccinate someone who was medically unfit. *Jacobson* also contained "robust cautionary language," calling attention to the potential for "arbitrary and oppressive" abuse of police power and warning against going "far beyond what was reasonably required for the safety of the public." *Jacobson* urged courts to be "vigilant to examine and thwart unreasonable assertions of state power."

Despite these words of warning, state-level courts did not wait long before broadening the judicial interpretation of *Jacobson* beyond the notion of imminent danger or necessity—although still within the context of just the smallpox vaccine:

- In 1916, Alabama and Kentucky courts affirmed states' right to mandate vaccination for ***prevention*** of smallpox epidemics, stating that state Boards of Health "are not required to wait until an epidemic actually exists before taking action." The Alabama court also broadened the rationale for mandates beyond adults to children.

- In 1922, the three-paragraph *Zucht v. King* Supreme Court decision sanctioned vaccine mandates as a condition for public school attendance. According to Holland, this decision further shifted *Jacobson's* "paradigm…by upholding a mandate exclusively for children and not for the entire population."

- Decisions in Mississippi and Texas in the early 1930s granted public health authorities the leeway to *define public health emergencies* in whatever manner they saw fit.

- A New Jersey court in the late 1940s interpreted *Jacobson* as justifying *all vaccine mandates*, "disregarding its language to reject unreasonable, arbitrary or oppressive state actions."

- An Arkansas court in the early 1950s suggested that anyone questioning vaccine safety or efficacy should "lodge [their] objections with the Board of Health rather than the court."

Protest Against Compulsory Vaccination - Toronto, Canada. November 13, 1919

Occasionally, legal officials expressed their disapproval of vaccine mandates outside of emergencies, as with the North Dakota judge who, in 1919, pronounced childhood vaccination in the absence of a smallpox epidemic an act of "barbarism." The same judge also wrote presciently about the self-interest of the medical profession and vaccine manufacturers—"the class that reap a golden harvest from vaccination and the diseases caused by it." In comments that bear repeating today, the judge stated,

> "Every person of common sense and observation must know that it is not the welfare of the children that causes the vaccinators to preach their doctrines and to incur the expense of lobbying for vaccination statutes. …And if anyone says to the contrary, he either does not know the facts, or he has no regard for the truth."

The legal sea change in 1986

Although vaccination mandates had become legally "well-entrenched" by the mid-1950s—regardless of emergency and "all but erasing" *Jacobson's* cautionary language—Holland emphasizes that this legal framework arose in the context of a single vaccine for a contagious disease considered to be life-threatening. Even when the polio vaccine subsequently came on the scene, the nonprofit organization that helped develop and distribute the vaccine "opposed compulsion on principle."

According to Holland, the creation of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP)—"a federal

advisory body with little public participation and no direct accountability to voters"—laid the groundwork for far more coercive vaccine policies. In fact, ACIP has become, over time, the "driving force" behind vaccine mandates. Whereas *Jacobson* justified mandates under specific and rare circumstances, ACIP has created an "infrastructure" that pushes mandates for any vaccine-preventable illness.

...revenue-generating vaccine development and promotion have enjoyed priority over vaccine safety science and injury compensation since the Law's [NCVIA] inception.

By 1981, after ACIP helped ensure that multiple vaccines were obligatory for school attendance in all 50 states, the number of vaccine injuries began increasing. Against this backdrop, Congress enacted the NCVIA in 1986. Although some legislators may have been well-intentioned when they passed the Act, Holland makes it clear that it has been nothing short of a disaster. In essence, the Act located "vaccine promotion, safety and compensation under one [government] umbrella," thereby creating "the risk of trade-offs among competing goals." The rather predictable result is that "revenue-generating vaccine development and promotion have enjoyed priority over vaccine safety science and injury compensation since the Law's inception."

Holland identifies the paradox at the core of the 1986 Law. On the one hand, the legislation "for the first time publicly acknowledged that universal compulsory vaccination is likely to cause permanent injury and death to some infants and children"; on the other hand, it forces healthy children to give up ordinary legal protections, including informed consent, and takes away from injured children the right to sue manufacturers directly.

Meanwhile, ACIP has continued to promote a shift away from "necessity" as the rationale for vaccine mandates. A number of the vaccines that ACIP now calls for American children to get to attend school—70 doses of 16 vaccines by age 18—are for rarely fatal illnesses and for conditions "not contagious through ordinary social contact." Holland's conclusion is that:

> "Necessity no longer determines the validity of state childhood vaccination mandates.... New vaccine mandates are guided by financial returns on low prevalence diseases, not protection of the entire population against imminent harm."

"Ravenous corporate greed and mindless bureaucracy"

Some of the most troubling facts come at the end of Holland's impressive legal review and concern the power of the pharmaceutical industry. She notes:

- The pharmaceutical industry has been the most profitable industry in the U.S. since the 1980s.
- In a single year in the early 2000s, "the combined profits of the ten largest drug companies in the Fortune 500 had higher net profits...than all the other 490 companies [in the Fortune 500] combined."
- There are more full-time pharmaceutical industry lobbyists on Capitol Hill than there are legislators in both Houses of Congress.
- The leading manufacturers of childhood vaccines in the U.S. (Merck, Pfizer, GlaxoSmithKline and Sanofi Pasteur) have records of documented fraud and criminal/ethical misconduct.

Holland also tackles the extensive collusion between the pharmaceutical industry and government regulators, including a quote about "ravenous corporate greed and mindless bureaucracy" in a related article.[8] Whereas "demonstrably predatory corporations selling compulsory products to a vulnerable population should lead to a high level of government scrutiny and skepticism," Holland observes that "government appears to ally its interests with industry[9] in the arena of vaccines."

Italians protest mandatory vaccinations on July 22, 2017

Coercion is backfiring

Fortunately, the public and even some health professionals are growing increasingly wise to this industry-government shell game. In one community, opposition to human papillomavirus (HPV) vaccine mandates recently put public health authorities on the defensive about the epidemic of autoimmunity in today's

youth, the "exorbitant" amount of neurotoxic aluminum in vaccines and the requirement to "get a vaccine for something that can't be caught in a classroom." A parent responding to the news article stated, "Why should I as a mother trust the Public Information Officer for the state Department of Health when he cannot even name the amount of aluminum in the vaccine?" Thus, it is up to the public—and ethical professionals—to engage in the "scrutiny and skepticism" that the U.S. government has unconscionably failed to exercise.

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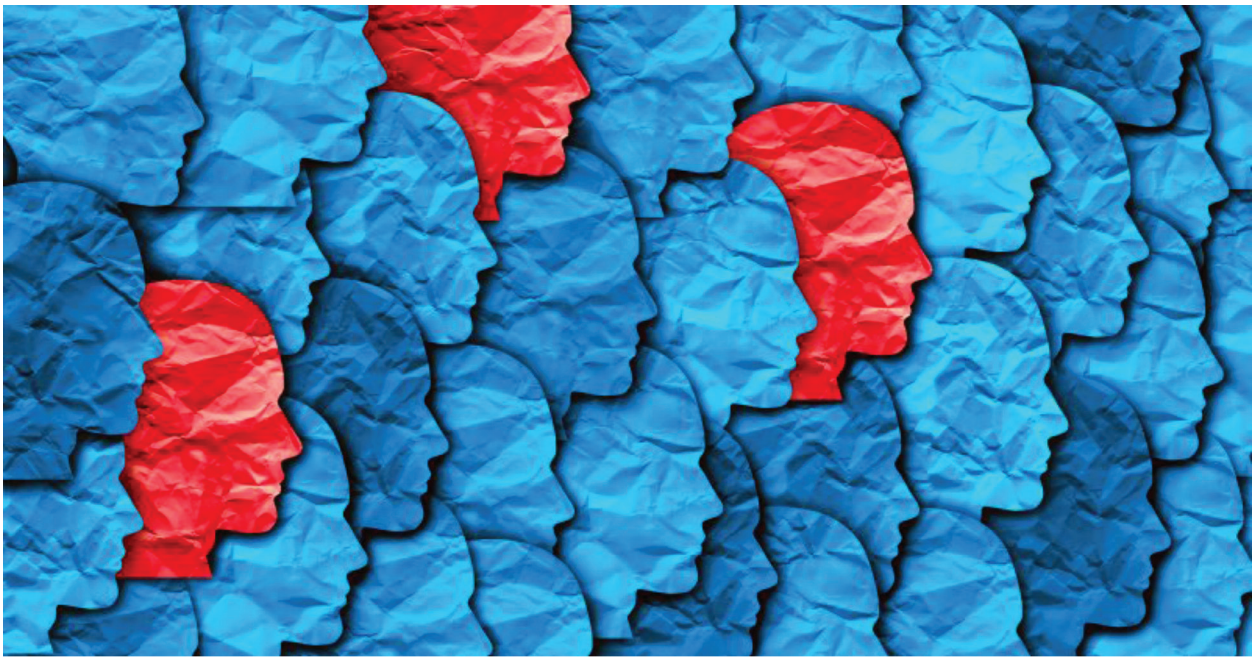
Using Herd Immunity Myth to Justify COVID Vaccines for Kids Is Deceptive — and Dangerous



COVID poses almost no risk to children. Yet the push is on to mandate COVID vaccines for all children, with little or no consideration for the health risks of the experimental vaccines.

By the Children's Health Defense Team

During the first six weeks of the coronavirus vaccine[1] rollout among U.S. adults, the Vaccine Adverse Event Reporting System (VAERS) — notorious for collecting only a tiny fraction[2] of adverse events — received reports[3] of more than 500 post-vaccination deaths and close to 11,000 other injuries.

Internationally renowned molecular genetics expert Dolores Cahill believes that these injuries portend a forthcoming tsunami of crippling and fatal problems. In the coming months, Cahill expects to see successive waves of adverse reactions[4] to the experimental[5] messenger RNA (mRNA) injections ranging from anaphylaxis[6] and other allergic responses to autoimmunity,[7] sepsis and organ failure.

Notwithstanding these and other credible warnings, U.S. health officials are signaling their intent to rapidly green-light the as-yet unlicensed mRNA vaccines for children.[8]

Already last April — when next to nothing was known about COVID's[9] epidemiology, and candidate vaccines had barely begun to be studied — Bill Gates[10] set the stage for the pediatric push, declaring that the end goal is to make COVID-19 vaccines "part of the routine newborn[11] immunization schedule."

We have since learned that 99.997%[12] of young people ages 0-19 survive COVID-19 (with most experiencing either mild symptoms or no symptoms at all[13]). But that does not seem to matter. Nor does a January 2021 study,[14] which confirmed that it is only in a minuscule subset of children — mostly kids with serious underlying medical conditions — that the illness occasionally takes a turn for the worse.

In this low-risk context, public health officials know that they need to come up with different arguments to persuade parents to give the coronavirus vaccines to their offspring. Fortunately for these vaccine functionaries, there is a concept that is readily at hand: herd immunity.

And as Moderna[15] joins Pfizer[16] in conducting vaccine experiments on 12- to 17-year-olds — with additional trials in the works[17] to test the injections in children under-12, including infants as young as six months — the chorus of voices casting herd immunity as "the main driver[18] for COVID-19 child vaccinations" is growing noticeably louder.

A flawed 'marketing gimmick'

Several years ago, JB Handley, author of "How to End the Autism Epidemic,"[19] dissected herd immunity's use[20] as a "marketing gimmick" to shame and pressure people into vaccination, based on the guilt-tripping claim that non-compliers are free-riders[21] who "put the health of the 'herd' at risk."[22]

Immunologist Tetyana Obukhanych, Ph.D., and others concur[23] that officials enjoy wielding herd immunity "as a trump card to justify any measures, often at odds with personal freedom of choice, aiming to increase vaccination compliance."

There's just one problem with vaccine herd immunity claims, says Handley: "[W]e've never come close to achieving 'herd immunity' through vaccination, and we never will."

Having conducted extensive research on the history of vaccine policies (such as mandated vaccines[24] for school attendance), Children's Health Defense[25] (CHD) President and General Counsel Mary Holland agrees, stating[26] that decades of intensive effort "have not attained herd immunity for any childhood disease."

The theory of herd immunity originated with a health officer working in Chicago in the 1930s.[27] At its inception, the concept "had nothing to do with vaccination." Instead the theory reflected the physician's careful observations"[28] about the process of how a disease works its way through a community and how that community, eventually, naturally builds up a resistance to it as a result."

As Obukhanych also explains,[29] herd immunity evolved as an epidemiologic rather than an immunologic construct, offering at best a theoretical opportunity to predict successful disease control. As vaccines (and vaccine mandates) became more widespread in the mid-20th century, herd immunity theory underwent a pivotal transformation,[30] based on the "faulty assumption[31] that vaccination elicits in an individual a state equivalent to bona fide immunity," Obukhanych said. Overlooking the sophistication of the human immune system — the very model of versatility[32] — vaccine scientists adopted the flawed assumption of equivalence and, despite decades of evidence to the contrary,[33] now view vaccination as a superior — even ideal[34] — route to herd immunity.

The World Health Organization goes even further, omitting any reference to natural infection and defining herd immunity solely[35] as "a concept used for vaccination." Ironically, even as medical facilities report "an uptick[36] in the recording of [COVID-19 vaccine] side effects" — not to mention disruptive "health impact events"[37] — the Mayo Clinic asserts[38] that vaccination "create[s] immunity without causing illness or resulting complications."

The moving herd immunity target

Dr. Anthony Fauci[39] — director of the National Institute of Allergy and Infectious Diseases (NIAID), which is 50% owner[40] of the royalty-generating Moderna vaccine patent — has declared that herd immunity cannot be achieved and life cannot "return to some kind of normal"[41] unless 85%[42] to 90%[43] of the entire U.S. population gets a coronavirus vaccine, children included. Today, Fauci told ProPublica[44] children as young as first graders may be authorized to get the coronavirus vaccine by the time school starts in September.

Children (ages 0-17) make up 22%[45] of the U.S. population. In late December, Fauci breezily admitted[46] to the *New York Times* that he "nudged"[47] the herd immunity target up to 90% (from a prior estimate of 70%) after he saw polls indicating growing public willingness to get a vaccine.

Educators have been quick to reinforce Fauci's message that young people should get the shots, stating that vaccinating students[48] is "a crucial step in the

return-to-normal for schools." Conversely, Rochelle Walensky, director of the Centers for Disease Control and Prevention (CDC), recently asserted[49] that teachers don't need to be vaccinated to reopen schools safely.

Two French scientists at the Pasteur Institute[50] published a slightly more scientific discussion of COVID-19 herd immunity goals last September. While still promoting vaccination as the pathway of choice, they acknowledged that herd immunity calculations necessarily must account for variables such as susceptibility and transmission.[51] They also noted that "children, particularly those younger than 10, may be less susceptible and contagious than adults, in which case they may be partially omitted from the computation of herd immunity."

Although American officials admit[52] that "kids do not generally suffer from severe COVID-19" and are unlikely to directly benefit from the injections, they have no intention of following the French authors' advice to exclude children from their herd immunity calculus. Instead, framing their ethically shaky and scientifically doubtful argument in the conditional tense, they claim that "inoculating [children] could[53] reduce the spread to people at higher risk."

In short, public health leaders say, parents must "vaccinate the young to protect the old."[54] Given the federal government's estimate[55] that one vaccine injury results from every 39 vaccines administered, it seems clear that officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit.

Natural immunity and COVID

Interestingly, the experts issuing sweeping statements about the need for 90% vaccine coverage and protection of the elderly make no mention of the many Americans who have already had COVID-19, even though a growing number of studies point to "persistent [natural] immunity" in recovered individuals (see here[56] and here[57]).

Rep.Thomas Massie (R-Ky.), an MIT-trained scientist and inventor who had COVID early on in the pandemic, scrutinized data from the Pfizer and Moderna clinical trials[58] and ascertained that neither vaccine offers any benefit to those with naturally acquired immunity.

However, Massie discovered[59] that the CDC not only was advising previously infected individuals to get vaccinated but continued to do so even after Massie alerted them to their propagation of "false and incorrect science."

A phenomenon known as pathogenic priming[60] (also called "disease enhancement") represents another important reason to question the advisability of recommending that adults and children who have already had a SARS-CoV-2[61] infection get a COVID vaccine.

A pivotal April paper[62] by Dr. James Lyons-Weiler explained how exposure to specific peptides (components of proteins) through infection may "prime" some individuals "for increased risk of enhanced pathogenicity during future exposure" — including subsequent exposure in the form of vaccination.

In December, Lyons-Weiler and CHD Chairman Robert F. Kennedy, Jr. noted[63] that the clinical trials of COVID-19 vaccines "did not rule out pathogenic priming in any way." Reports of post-COVID-vaccine deaths filed with VAERS (searchable at medalerts.org) indicate that some of the deceased had previously experienced COVID illness, including seniors who were a couple of weeks "post COVID" and then died within minutes or hours of receiving their injections.

A multi-country serological analysis[64] published in Nature estimated (Table S4[65]) that by the beginning of September, 14% of Americans had been infected — a conservative estimate given that serology (antibody) testing provides only a partial picture,[66] assessing what is called "humoral immunity." As the two Pasteur Institute authors observed[67] in their fall paper, humoral immunity (which is the type[68] of immunity induced by vaccination) "does not capture the full spectrum of SARS-CoV-2 protective immunity."

Also in September, Dr. Peter Doshi, associate editor of The BMJ (formerly the British Medical Journal), drew attention to studies showing mobilization of memory T cells against SARS-CoV-2 "in 20% to 50% of people[69] with no known exposure to the virus." The scientists quoted by Doshi in his article attribute this to prior exposure to common cold and other coronaviruses — and wonder whether "there is more immunity out there" than meets the eye.

In fact, memory T cells are some of the immune system's busiest white blood cells, and Doshi notes that they "are known for their ability to affect the clinical severity and susceptibility[70] to future infection." He suggests,

therefore, that they could help elucidate "mysteries of COVID-19, such as why children have been surprisingly spared the brunt of the pandemic. . . and the high rate of asymptomatic infections in children and young adults."

However, vaccine-centric scientists (and their mainstream media promoters) are not exploring these mysteries, instead ignoring T cells while maintaining their narrow focus on antibodies. Piggy-backing on Doshi's questions, another writer asks:[71] "Is [the lack of research attention to T cells] because vaccines are good at provoking antibody responses but not so great at generating T-cells?"

Protecting the young

Over many decades, the far-from-uncommon phenomenon of vaccine failure[72] in fully vaccinated individuals has made it abundantly clear that antibody responses are inadequate as a guarantor of real immunity. For children, an even bigger problem is that, before their immune system has even had a chance to develop, a pile-up of vaccinations aggressively overstimulates them into a state of artificial immunity. Immune dysfunction[73] and chronic illness[74] are the not-infrequent outcomes.

The pediatric study that recently identified underlying medical conditions[75] as the strongest risk factor responsible for COVID-19 deaths in children cited conditions such as "asthma, autoimmune disease, cardiovascular disease, chronic lung disease, GI/liver disease, hypertension, immune suppression, metabolic disease, neurologic disease, obesity and renal disease." Coincidentally or not, these are among the nearly 400 adverse reactions[76] identified in package inserts as being potentially associated with vaccination.

As Lyons-Weiler reminded us several years before COVID, "The determination of the benefit of widespread vaccination for any vaccine must consider not only the ability to protect those at risk, but also the downstream costs due to vaccine injuries."[77]

Instead of absurdly arguing (as some are doing) that rushing risky mRNA vaccines into children is what is needed not just to achieve an arbitrary level of herd immunity but to "fully revive[78] the economy," let's heed Handley's words:[79] "Until we are honest in our assessment of both the safety and efficacy of vaccines, kids will continue to be hurt, rights will continue to be trampled, and mythology will continue to trump science."

Parents should not be lulled into the false notion that vaccines (or any medical procedure) are all benefit and no risk.

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Reported Vaccine Injuries Continue to Climb, Pfizer Seeks Full Approval for COVID Vaccine

VAERS data released today showed 157,277 reports of adverse events following COVID vaccines, including 3,837 deaths and 16,014 serious injuries between Dec. 14, 2020 and April 30, 2021.

By Megan Redshaw

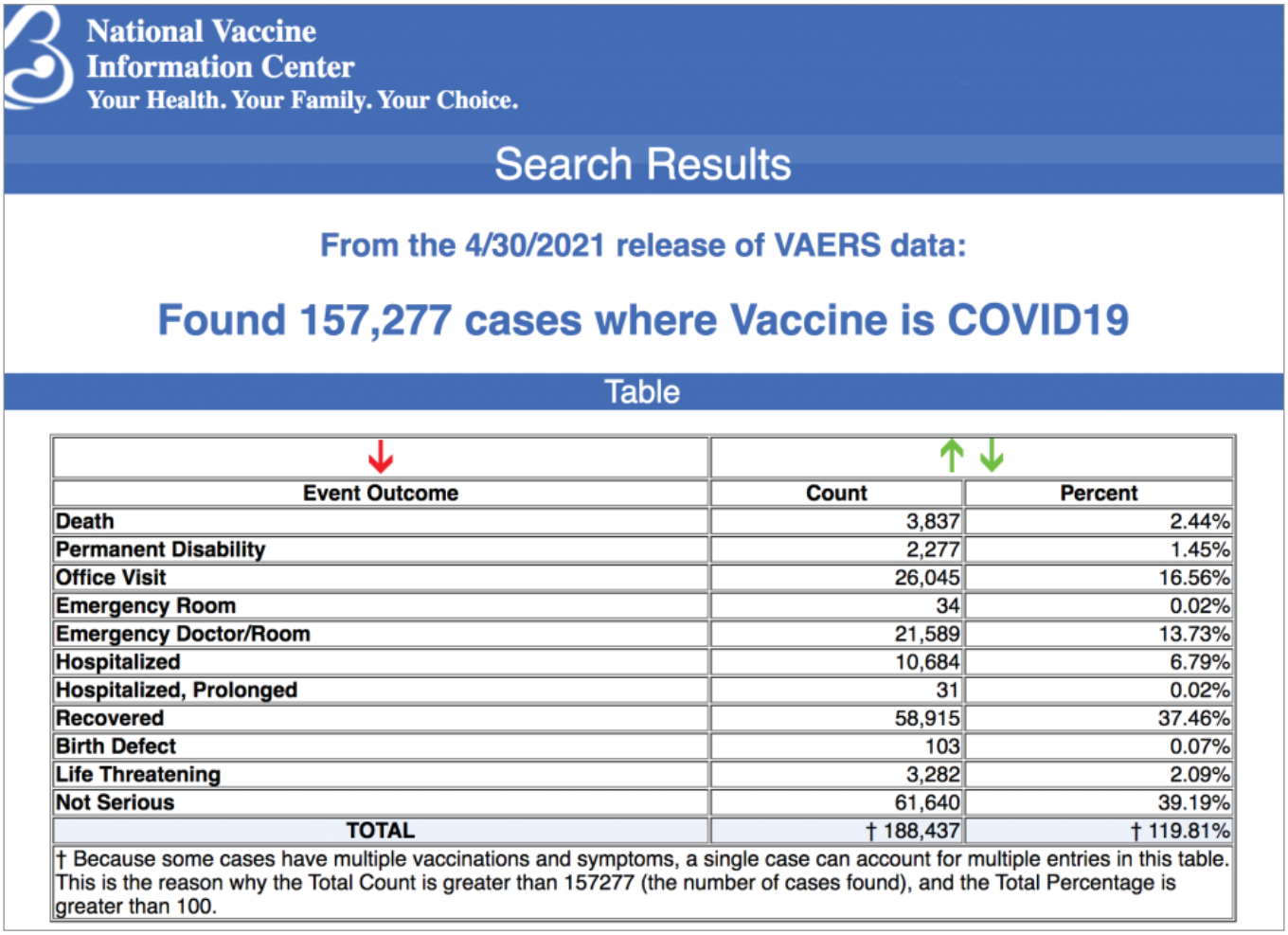
The number of reports of injuries and deaths following COVID vaccines continues to rise, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports submitted to the Vaccine Adverse Event Reporting System[1] (VAERS).

VAERS[2] is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Every Friday, VAERS[3] makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Today's data show that between Dec. 14, 2020 and April 30, a total of 157,277 total adverse events[4] were reported to VAERS, including 3,837 deaths[5] — an increase of 293 over the previous week — and 16,014 serious injuries,[6] up 2,467 since last week.

In the U.S., 240.2 million[7] COVID vaccine doses had been administered as of April 30. This includes[8] 105 million doses of Moderna's[9] vaccine, 127 million doses of Pfizer[10] and 8 million doses of the Johnson &Johnson (J&J) COVID vaccine.[11]

Of the 3,837 deaths reported as of April 30, 24% occurred within 48 hours of vaccination, 16% occurred within 24 hours and 39% occurred[12] in people who became ill within 48 hours[13] of being vaccinated.



National Vaccine Information Center
Your Health. Your Family. Your Choice.

Search Results

From the 4/30/2021 release of VAERS data:

Found 157,277 cases where Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	3,837	2.44%
Permanent Disability	2,277	1.45%
Office Visit	26,045	16.56%
Emergency Room	34	0.02%
Emergency Doctor/Room	21,589	13.73%
Hospitalized	10,684	6.79%
Hospitalized, Prolonged	31	0.02%
Recovered	58,915	37.46%
Birth Defect	103	0.07%
Life Threatening	3,282	2.09%
Not Serious	61,640	39.19%
TOTAL	† 188,437	† 119.81%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 157277 (the number of cases found), and the Total Percentage is greater than 100.

This week's VAERS data show:

- 21% of deaths were related to cardiac disorders.
- 54% of those who died were male, 44% were female and the remaining death reports did not include gender of the deceased.
- The average age[14] of death was 75.1 and the youngest deaths[15] reported include two 15-year-olds (VAERS I.D. 1187918[16] and 1242573[17]) and a 16-year-old (VAERS I.D. 1225942[18]). There were other reported deaths in children under 16 that could not be confirmed or contained obvious errors.
- As of April 30, 805 pregnant women[19] reported adverse events related to COVID vaccines, including 235 reports of miscarriage or premature birth.[20]
- Of the 1,597 cases of Bell's Palsy reported,[21] 51% were reported after Pfizer-BioNTech[22] vaccinations, 40% following vaccination with the Moderna vaccine and 131 cases, or 10%, of Bell's Palsy cases were reported in conjunction with J&J.
- There were 162 reports of Guillain-Barré Syndrome[23] with 41% of cases attributed to Pfizer, 45% to Moderna and 19% to J&J.
- There were 44,348 reports of anaphylaxis[24] with 38% of cases attributed to Pfizer's vaccine,[25] 47% to Moderna[26] and 14% to J&J.[27]

FDA set to authorize Pfizer vaccine for young teens

On May 4, The Defender reported[28] the U.S. Food and Drug Administration (FDA) is preparing to authorize use of the Pfizer-BioNTech COVID vaccine in adolescents 12 to 15 years old by early next week.

The company said[29] it also plans to ask the FDA to expand Emergency Use Authorization[30] for its vaccine for children ages 2 to 11 in September.

According to CDC data,[31] the death rate among adolescents ages 0 to 17 who get COVID and are subsequently hospitalized is 0.7%, with many experiencing either mild or no symptoms[32] at all. The COVID death rate in all adolescent age categories[33] is less than 0.1%, leading some experts[34] to question whether vaccines should be targeted to an age group that so far appears to be mostly spared from severe COVID.

As CNN reported[35] Friday, Pfizer filed for full FDA approval for its COVID vaccine for people ages 16 and up. The FDA requires vaccine manufacturers submit data on manufacturing processes, facilities and additional information that demonstrates the vaccine can be produced reliably and consistently.

Once all the required information is submitted, a goal date will be set for a decision by the FDA. Pfizer requested priority review,[36] which asks the FDA to take action within six months, compared to 10 months designated under standard review.

Third U.S. male diagnosed with vaccine-induced blood clots, woman dies from brain hemorrhage after J&J vaccine

On May 6, The Defender reported[37] doctors at University of Utah Health treated the third male to develop vaccine-induced thrombotic thrombocytopenia in the U.S.

The man, under age 50, received J&J's vaccine in early April. Ten days later he experienced pain in his toes, which then progressed to his thighs. He later began experiencing chest pain. A CT scan revealed[38] a bilateral pulmonary embolism.[39] Physicians discovered low platelets and blood clots in his legs and lungs, leading them to suspect VITT[40] was the cause.

On May 4, The Defender reported[41] a 35-year-old Michigan woman died from complications 11 days after receiving J&J's vaccine. The woman's family said her headache started on April 16 — eight days after being vaccinated. She died three days later. Her death certificate notes a natural death, specifically from an acute subarachnoid hemorrhage, or bleeding between the brain and tissue around the brain.

The attending physician filed a report to VAERS. In an email to the family, the CDC confirmed[42] her death had been reported to VAERS, but said the system is not designed to determine whether a reported adverse event was caused by the vaccine.

Children's Health Defense[43] queried the VAERS data for adverse events associated with the formation of clotting disorders and other related conditions and found 2,808 reports[44] for all three vaccines from Dec. 14, 2020, through April 30.

Of the 2,808 cases reported, there were 1043 reports[45] attributed to Pfizer, 893 reports[46] to Moderna and 860 reports[47] to J&J — 847 cases more than U.S. health officials acknowledged during the April 23 meeting where it was recommended[48] the pause be lifted on J&J's vaccine.

Denmark ditches J&J vaccine

On May 3, The Defender reported[49] Denmark became the first country to exclude J&J's COVID vaccine from its vaccination program over a potential link[50] to blood clotting disorders.

The Danish Health Authority said in a statement it had concluded "the benefits of using the COVID-19 vaccine from J&J do not outweigh the risk of causing the possible adverse effect in those who receive the vaccine."

"Taking the present situation in Denmark into account, what we are currently losing in our effort to prevent severe illness from COVID-19 cannot outweigh the risk of causing possible side effects in the form of severe blood clots in those we vaccinate," the health authority said.

Denmark stopped using AstraZeneca's vaccine last month after European regulators found a possible link[51] between the vaccine and "very rare"[52] blood clots.

CDC ignores The Defender, no response after two months

According to the CDC website,[53] "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

The Defender[54] reached out to the CDC on March 8 with a written list of questions about reported deaths and injuries related to COVID vaccines, the status of ongoing investigations reported in the media, if autopsies are being done, the standard for determining whether an injury is causally connected to a vaccine, and education initiatives to encourage and facilitate proper and accurate reporting.

We have made numerous attempts to contact the CDC via phone and email. As of May 7, 60 days after our initial inquiry, we still have yet to receive answers to our questions.

Children's Health Defense[55] asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following these three steps.[56]

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The Flawed Logic of Hepatitis B Vaccine Mandates

By the Children's Health Defense Team

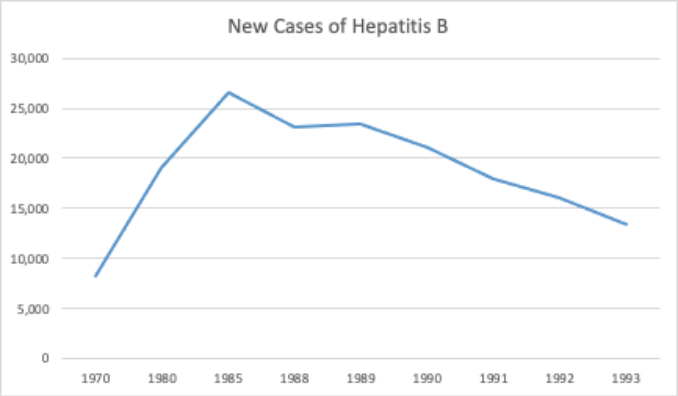
Summary

- The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend that newborn babies receive the hepatitis B vaccine on their first day of life.
- The infants, toddlers and young children receiving this vaccine face little to no chance of hepatitis B infection, but the vaccines impose significant risks, including the risk of neurodevelopmental disorders, autoimmune illness and even death.
- In the 0–1 age group, there is at least a 20:1 ratio of reported vaccine injuries/deaths associated with hepatitis B vaccines compared to cases of hepatitis B infection.
- The constitutionality of hepatitis B vaccine mandates in these populations where there is little risk for disease is arguably questionable.
- Hepatitis B vaccination mandates fail to honor young children's liberty, equal protection, and health.

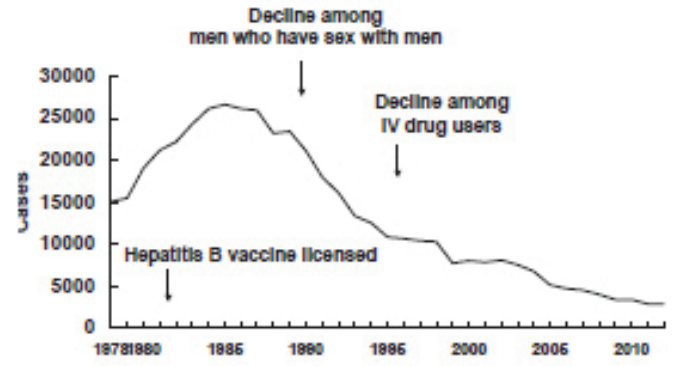
The U.S. Centers for Disease Control and Prevention (CDC)[1] and the American Academy of Pediatrics (AAP)[2] strongly recommend that newborn babies get the hepatitis B vaccine on their first day of life. About 12 million doses are administered to American babies in any given year. However, unless their mothers harbor the virus (determined by routine prenatal blood testing), newborns are probably the least likely human beings on the planet at risk of actually getting hepatitis B. Infection risks are also extremely low for young school-age children, but—in all but two states (Alabama and South Dakota)—three to four doses of hepatitis B vaccine are not only recommended but mandated[3] for preschool attendance, K–12 education or both.

New cases[4] of hepatitis B were low in the 1970s; they began climbing in the early 1980s (coincident with the HIV/AIDS epidemic) but then started falling again. Although the CDC first began recommending hepatitis B vaccination on a limited basis in 1982 for the small population of at-risk

adults[5] (and infants of infected mothers), the agency attributes the decline in hepatitis B cases during the 1980s and early 1990s to "reduction of transmission[6] among men who have sex with men and injection-drug users, as a result of HIV prevention efforts."



At the time, hepatitis B was a relatively "obscure" infection of "little direct relevance[7] to most Americans," but in the early 1990s the "picture of hepatitis B being held up before Americans" changed, as the CDC began promoting a more comprehensive[8] hepatitis B vaccine dragnet. With a stark shift in policy emphasis[9] toward universal vaccination for all newborns[10] (1991), adolescents[11] (1995) and children through age 18[12] (1999), "a vaccine with a limited initial target population [came] to be accepted as compulsory for every child[13] in the country."



A questionable rationale

From the beginning, hepatitis B vaccines have had their critics, who question the public health logic of across-the-board hepatitis B vaccination for infants and children. Whereas the young people being vaccinated face little to no chance of hepatitis B infection, the vaccines impose significant risks,[14] including the risk of neurodevelopmental disorders, autoimmune illness and even death. In the decade from 1991 to 2001 (when hepatitis B vaccines contained the mercury-based preservative thimerosal), vaccine exposure in early infancy resulted in an estimated 0.5–1 million[15] U.S. children being diagnosed with learning disabilities, representing lifetime costs in excess of $1 trillion. Other hepatitis B vaccine ingredients (including aluminum adjuvants[16] and yeast)[17] as well as the vaccines' use of recombinant DNA technology[18] have been linked to a variety of adverse outcomes.

In 1986 (five years before the CDC began pushing for vaccination of all newborns), the nation documented fewer than 280 cases of hepatitis B infection in children under age 14; by 2006,[19] the Vaccine Adverse Event Reporting System (VAERS) had received over 23,000 reports of adverse events related to hepatitis B vaccination in the 0–14 age group, including nearly 800 deaths. In congressional testimony in 1999, the father of a five-week-old who died immediately following a hepatitis B shot described a 20:1 ratio[20] of VAERS reports compared to cases of hepatitis B infection in the 0–1 age group (likely an underestimate due to VAERS underreporting). Given that the vaccine has been shown—by the CDC itself—to wear off[21] well before the age of any likely exposure to hepatitis B virus, the father concluded that hepatitis B mandates for newborns represented a "teaming up"[22] of "ravenous corporate greed and mindless bureaucracy" against "common sense."

The out-of-date legal context for mandates

The legal framework that seemingly permits compulsory childhood vaccination, including hepatitis B vaccine mandates for preschoolers, is astonishingly out-of-date. The U.S. Supreme Court has not addressed compulsory vaccination "in any depth" for over a century and has not revisited the issue at all since 1922, despite the fact that "the contours of the vaccine issue have changed fundamentally since the early 1900s."

These are some of the points made by New York University legal scholar Mary Holland in a far-reaching discussion of hepatitis B vaccine mandates in the *Yale Journal of Health Policy, Law, and Ethics*, published in 2013.[23] As Holland explains, the 1905 Supreme Court decision that set the stage for vaccine mandates (*Jacobson v. Massachusetts*) did so in response to the "markedly different" one-disease-one-vaccine context[24] of smallpox. Although the Court upheld smallpox mandates, in most cases, noncompliant individuals faced no worse than a "relatively small monetary fine." Subsequent courts, however, "have used *Jacobson* to justify results that the original decision did not

condone: vaccination mandates exclusively for children with no imminent disease outbreaks and with serious penalties for noncompliance"—not just forfeiture of the right to an education but also outcomes such as "social isolation, parents' loss of custodial rights, child-neglect sanctions against parents, and, even, forced vaccination."

Holland finds the constitutionality of hepatitis B vaccine mandates for preschoolers questionable, particularly in light of other legal precedents. What might happen if today's Supreme Court were to evaluate a legal challenge to a state's hepatitis B mandate? Although the Court's historical track record displays a legal tug-of-war between limits set on individual liberty and support for individuals' "fundamental claims to bodily integrity and autonomy," Holland suggests that the Court's fairly reasoned answer to each of the following six questions ought to be a clear "no":

1. Is there a sufficient **public health necessity** to impose a preschool hepatitis B vaccination mandate?
   Holland observes that "neither the federal government nor states have alleged that [hepatitis B] transmission among preschoolers is a serious threat to public health."
2. Does a vaccination mandate for preschoolers constitute a reasonable means of addressing hepatitis B in broader society?
   At least two factors undermine the presumption of reasonableness, including shockingly inadequate safety testing in the targeted age groups (infants and young children) and poor long-term efficacy. The prelicensure clinical trials for GlaxoSmithKline's Engerix-B[25] vaccine monitored about 5,000 subjects ("adults and children") for just four days following administration of the vaccine, without disclosing the proportion of subjects who were children or their ages. The pediatric prelicensure trials for Merck's Recombivax HB[26] vaccine involved a grand total of 147 infants and children "monitored for five days after each dose."
3. Is a hepatitis B vaccination mandate **proportionate** to the risk of disease (i.e., do disease risks outweigh vaccine risks)?
   Holland states that "this would be very difficult to prove since incidence of the disease in the preschool population is exceedingly low, yet the risks of adverse events from the vaccine, including anaphylaxis, encephalopathy, and death, are well-documented."
4. Does the government provide for **harm avoidance** and offer a fair process for allowing medical exemptions?
   Medical exemptions were one of the "core requirements" established by the 1905 *Jacobson* decision. A federal policy that arm-twists parents into vaccinating their newborns—whose medical history is largely a blank slate—"makes harm avoidance almost impossible."
5. Is the hepatitis B vaccination mandate **non-discriminatory**?
   A mandate imposed on young children "not primarily for their benefit" can be construed as "arbitrary" and discriminatory in application.
6. Do parents have a **"liberty interest** in being able to refuse an unwanted medical intervention"?
   Holland notes that the Court has "repeatedly acknowledged that the right to bodily integrity and to refuse unwanted medical treatment is deeply rooted in the historical traditions of the United States."

Prescient Justices

Holland's conclusion is straightforward: The hepatitis B vaccination mandate "has failed to honor young children's liberty, equal protection, and health." In support of this conclusion, she cites comments by three past Supreme

Court Justices over the century since *Jacobson*:

- Justice Harlan foresaw, in 1905, that mandates "might be exercised…in such arbitrary, unreasonable manner, or might go so far beyond what was reasonably required for the safety of the public, as to authorize or compel the courts to interfere for the protection of such persons."
- In 1942, Justice Jackson cautioned that "There are limits to the extent to which a legislatively represented majority may conduct biological experiments at the expense of…a minority."
- And in 1990, Justice Stevens discussed the "sanctity, and individual privacy, of the human body" as "obviously fundamental to liberty," adding that "every violation of a person's body is an invasion of his or her liberty."

Holland also reminds us that the millions of doses of hepatitis B vaccine administered to babies every year represent "a substantial annual income stream" for vaccine manufacturers—in this instance, Merck and GlaxoSmithKline.[27] Vaccine companies' freedom from liability for injuries and deaths related to childhood vaccines also creates "manifold" financial motivations to continue to expand vaccine recommendations and mandates, even when the latter do not lead to "optimal or even rational public health outcomes."

Honoring young children's liberty, equal protection, and health

Across the country, state legislatures are introducing vaccine mandate bills requiring all vaccines for all children, even threatening to go after the medical exemptions[28] that the *Jacobson* decision insisted were vitally important. Encountering pushback from concerned parents, legislators and the medical/pharmaceutical establishment are resorting to threatening tactics that include forced vaccination,[29] apparently heedless of the fact that all vaccines and medicines, including hepatitis B vaccines, come with sizeable risks. For the sake of children's present and future health, we must keep up public pressure to resolve financial conflicts of interest, insist on the highest standards of vaccine safety and persist in questioning both the overt and underlying premises of unjustifiable vaccine mandates.

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RFK, Jr. and CHD Take Action on Safety Concerns over Moderna's COVID Vaccine

By the Children's Health Defense Team

On Aug. 26, Children's Health Defense (CHD) wrote a letter to Dr. Jerry Menikoff,[1] Director of the Department of Health and Human Services' Office of Human Research Protection (OHRP), asking for an investigation into serious safety concerns with the COVID-19 vaccine being developed by Moderna. Moderna's version of the vaccine, championed by Dr. Anthony Fauci and funded with $500 million in taxpayer dollars[2] through Dr. Fauci's National Institute of Allergy and Infectious Diseases, contains polyethylene glycol (PEG), a molecule to which approximately 72% of the American population have antibodies and 8% have highly elevated levels of antibodies.[3] People who have pre-existing PEG antibodies could experience life-threatening anaphylaxis[4] if injected with PEG-containing substances such as the Moderna COVID vaccine. Additionally, antibodies to PEG can both decrease the effectiveness of the vaccine and increase the risk of side effects.[5]

CHD's letter to OHRP[6]

Below is RFK, Jr.'s letter to Dr. Fauci:[7]

August 26, 2020
Anthony Fauci, MD, Director
National Institute of Allergy and Infectious Disease
RE: Phase III Moderna mRNA-1273[8] Vaccine

Dear Dr. Fauci,

> We urge you to require Moderna to inform clinical trial participants of the unique risks associated with polyethylene glycol (PEG), an ingredient in the NIAID funded Moderna mRNA-1273 vaccine. As you know, approximately 72% of Americans may have antibodies to PEG with 8% of those individuals having highly elevated levels of antibodies, >500ng/ml.[9]

Injecting a PEG-containing vaccine into individuals with pre-existing PEG antibodies could lead to life-threatening anaphylaxis.[10] The presence of anti-PEG antibodies in approximately 7 out of 10 Americans led to the authors conclusion that"[11]*...sensitive detection and precise quantitation of anti-PEG Ab levels in a clinical setting will be essential to ensuring the safe use of PEGylated drugs in all target patient populations going forward.*"

In its prospectus,[12] Moderna acknowledges the potential for its proprietary lipid nanoparticles and PEG to produce "systemic side effects". The company has nevertheless refused to prescreen individuals participating in the clinical trials for preexisting PEG antibodies, despite FDA's[13] strong recommendations that it do so.

For those participating in the Moderna clinical trials, the uptick in parenteral exposure to PEG will be unprecedented—potentially disastrous and life-threatening. Moderna reported results[14] from the Phase 1 open-label trial in 45 healthy adults acknowledged that over half (23 out of 45) of the participants experienced a vaccine adverse event, including one volunteer who withdrew from the trial due to urticaria (hives), a condition often associated with drug allergies and life-threatening anaphylaxis. We worry that Moderna's failure to inform the trial participants of the PEG allergy risks not only endangers their lives, but also may have caused clinicians and volunteers to dismiss telltale allergic reactions as "unrelated" to the vaccine.

Children's Health Defense has grave safety and efficacy concerns about the use of PEG in vaccines due to the high percentage of the population having preexisting antibodies to PEG. While it's unlikely that everyone with pre-existing PEG antibodies will have a severe reaction to a vaccine containing PEG, it is criminally reckless to assume that none will. It is our hope that you will make the appropriate public assurances that NIAID will promptly inform the volunteers of this risk.

Moderna answers critics of its dangerous failure to warn trial subjects by dismissing the well-documented fact that a high percentage of people have anti-PEG antibodies as merely "hypothetical". Moderna's justification is disingenuous, at best. There is no serious dispute about PEG's ubiquity across the population. Moderna's refusal to screen for PEG is dangerous to the trial participants and violates 45 CFR 46.116(b)(2). That regulation requires[15] manufacturers to disclose any reasonably foreseeable risks or discomforts to clinical trial subjects. Another provision, 45 CFR 46-111(a) (1) mandates that manufacturers minimize risks to clinical trial participants by using procedures that are consistent with sound research design and that do not unnecessarily expose subjects to risk.

The world is aware of NIAID's deep institutional commitment to the Moderna Vaccine. Moderna's novel MRNA vaccine is a career vanity project for certain powerful NIAID officials who have nurtured the platform for years. NIAID apparently owns half of Moderna's patent. At least six NIAID officials also share patent ownership and apparently stand to collect personal royalties of up to $150,000 annually on vaccine sales. NIAID has committed billions of dollars of public monies to the project and placed the Moderna vaccine at the front of the line. As you know, critics have suggested that NIAID's conflicts have engendered a posture, among NIAID regulators, of ignoring emerging safety signals because the Moderna Vaccine is "too big to fail". But, NIAID's peculiar interest in Moderna is no excuse for short cuts. To the contrary, it is critical that NIAID's regulatory scrutiny of Moderna be beyond reproach, since other manufacturers will look to Moderna as a role model for their own safety studies. NIAID's pet vaccine should be a template for rigorous protocols that unambiguously elevate safety above monetary considerations. We urge that you give priority to your agency's duty to protect public health and the rights of trial participants to genuine informed consent. We ask you to order Moderna to immediately inform all trial participants of the risk for allergic reactions from PEG, and to carefully monitor and publicly disclose allergic reactions potentially associated with PEG.

Sincerely,

Robert F. Kennedy Jr.
cc: President Donald Trump, Jared Kushner

CHD Note: *At the time of publication, we have not received a response from either the OHRP or Dr. Fauci. We will update our readers with any developments as they occur.*

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Additional Resources

From all of us with Children's Health Defense, we wish you and your family the very best in working to uphold your right to refuse vaccines and any other medical interventions that you oppose. In addition to the materials provided in this toolkit, there are a wealth of other resources available to assist you in your advocacy efforts. These include:

Ebooks

- Protecting Individual Rights in the Era of COVID-19
- The Sickest Generation: The Facts Behind the Children's Health Crisis and Why It Needs to End*
- How Censorship is Redefining Informed Consent as 'Misinformation'
- Vaccine Mandates: An Erosion of Civil Rights?*
- Conflicts of Interest Undermine Children's Health*
- Snapshots from the 2020 Global Shutdown

**Available in Spanish*

ChildrensHealthDefense.org Resources

Articles, Brochures and Pamphlets
Legal Resources
More on Big Pharma
The Science of Masks

Children's Health Defense Chapters

Children's Health Defense California
Children's Health Defense Europe
Children's Health Defense Hawai`i
Children's Health Defense Illinois
Children's Health Defense New York

Chapters Coming Soon

Children's Health Defense Arizona
Children's Health Defense Canada
Children's Health Defense Florida
Children's Health Defense Ohio
Children's Health Defense Oregon

Other Organizations & Resources

GreenMedInfo
Health Choice
The Highwire with Del Bigtree
Informed Consent Action Network
The National Vaccine Information Center
Millions Against Medical Mandates
Stand for Health Freedom
Vaccine Adverse Events Reporting System (VAERS)
Vaccine Injury Payouts

Latest data from the Vaccine Adverse Event Reporting System (VAERS)

Following COVID-19 vaccination from mid-December 2020 through June 11, 2021

329,021 Adverse Events
5,888 Deaths

07/14/21